

Health Check Document

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|--|------------------|---------------------------------|--------|
| Name of Participant | | Date of Birth (M/D/Y) | |
| Club Name (member only) | | Membership No. (member only) | |
| Address (〒 -) | | | Weight |
| | | | kg |
| TEL - - Cellular Phone No (for Emergency use) - - | Name of Guardian | | |
| Any Specific Notes Regarding this Tour (request, etc.) | | | |

| Health Check | | | | | |
|---------------------------------------|--|--------|------------|------|------|
| Normal Temperature | °C | | Blood Type | | |
| Date | Example | 7/20 | 7/21 | 7/22 | 7/23 |
| Temperature | 36.5°C | °C | °C | °C | °C |
| Hours of Sleeping Time | 8.5hrs. | hrs. | hrs. | hrs. | hrs. |
| Appetite (choose one) | Many Normal Few | Normal | | | |
| Note (if any) | | | | | |
| Recent Illness (Please circle one) | 1 . Recently, had a fever Yes [when(M/D/Y) :] No 2 . Recently, a person in the household was infected to influenza Yes No | | | | |

Please choose the right one and fill the information below.

| | |
|--|--|
| Health Information | 1. Chronic Disease Name of Disease: _____ How to Handle: _____ Prescribed Medicine: _____ 2. Non to care about |
| Allergy Symptoms | 1. YES *Please submit the "allergy notification form" beforehand 2. NO |
| Agreeing to Medical Care and Treatment | If there is a part where the participant need a medical care or treatment, will the guardian of the participant agree to this medical treatment. 1. YES 2. NO Name of Guardian: _____ If circle "NO" please advise the reason: (_____) |
| Any Medicine to take | 1. YES *Procedure (if any): _____ 2. NO |
| Non-prescribed Medicine | Central Sports staff to give the non-prescribed medicine to participant if needed 1. YES 2. NO 3. Others (_____) |
| Motion Sickness | 1. YES 2. NO |
| Need assistance for restroom at night | 1. YES (at what time: _____) 2. NO |
| Parcel Service | Will you use the parcel service to send baggage to the destination? 1. YES 2. NO *If "YES" how many baggage: (_____) *Types and color of the baggage: (type: _____ color: _____) *Name of parcel service (_____) Slip No. (_____) Is the baggage a round trip service: 1. YES 2. NO *If "NO" will you use the parcel service for the return trip? 1. YES 2. NO We recommend to use the service for round trip only. |

-----For Staff Use-----

<ツアー中の様子> (/ : 現在)

| 症状 | 有無 | 特記事項 |
|-----|-------|------|
| 発熱 | あり・なし | |
| 嘔吐 | あり・なし | |
| 鼻血 | あり・なし | |
| 切り傷 | あり・なし | |
| 打ち身 | あり・なし | |
| その他 | あり・なし | |

| |
|---------------|
| 確認印 (引率者用) |
|---------------|